Effective on 10/01/2008	Complete if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number	10/565,887		
FEE TRANSMITTAL	Filing Date	August 14, 2006		
FOR FY 2009	First Named Inventor	LEE, Sang Hyun		
	Examiner Name	Ashely M. Kwon		
pplicant claims small entity status. See 37 CFR 1.27	Art Unit	1795		
TOTAL AMOUNT OF PAYMENT (\$) 1,110.00	Attorney Docket No.	29137.143.00		

A		1 (1)					
METHOD OF PAYMENT (check all that apply)							
Check	Credit Car	d Mor	ney Order	None	Other (plea	ase identify):	
Deposit Account Deposit Account Number: 50-0911 Deposit Account Name: McKenna Long & Aldridge LLP							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION	-	· · · · · · · · · · · · · · · · · · ·	**. * * * * <del>***</del>				
1. BAS!O FILING, SEA	ARCH, AND E	XAMINATION F	EE\$				
	FILING	FEES	SEARC	H FEES	EXAMINA.	TION FEES	
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	115	330	165	170	85	
Reissue Provisional	330 220	165 110	540 0	270 0	650 0	325 0	
		110	U	U	Ū	U	
2. EXCESS CLAIM FE	ES						Small Entity
Fee Description	O (includios Da	inga)		•			Fee (\$) Fee (\$) 52 26
Each claim over 2 Each independent			es)				52 26 220 110
Multiple dependen		morading recised					390 195
Total Claires	Extra Claim	s Fee (\$)	Fee l	Paid (\$)		Multiple D	ependent Claims
20 or H	P = <u>0</u>	x\$!	52 = 0			Fee (\$)	Fee Paid (\$)
HP = highest number	of tc:al claims pa	aid for, if greater th	an 20.			0	0
Indep. Craims Extra Claims Fee (\$) Fee Paid (\$)							
3 or HP			20 =0				
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE	FEE						
If the specification ar						0 (\$135 for sma	ll entity) for each
additional 50 sheets Total Sheets	or fraction ther Extra Sheets			6) and 37 CFR 1 50 or fraction the		Eng/\$	) Fee Paid (\$)
	= 0			up to a whole num		Fee(\$	)
4. OTHER FEE(S)			(		· · · · ·		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)							
						1,110.00	
$\beta$							
SUBMITTED BY							
Signature Registration No. (Attorney/Agent) 33,829 (202) 496-7500							
-	-V ( 50	alle	1.2		ιπorney/Agent)	33,829 (202	1) 490-7500